

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection Date	14 May 90
Time Start	1000
Time Finish	1150

HAZARDOUS WASTE INSPECTION REPORT 100 - 22 - CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR

CONDIT	TONALLI EXEMPT SMALL QUAN	HET GENERATOR
Company name El	Betsi-lad MFG Co Inc	I.D. Number PAD 987 398062
Address 3/2 E.	Man St. R.O. Bux 167 Westle	Id Pa 16950
County Linea	Municipality (1) ast Lielo	1800 ZIP 16950
Name of Inspector	Dernard Proachette	
Name & Title of Respon	sible Official H. Kussell Warten	is Dir of Ops
Person Interviewed		Telephone (818) 367-2245
Mailing Address (if differ	rent from above)	
Amount of Hazardous W	laste Generated per Month: Los then 100	kgIbs
Waste Determination Co	ompleted? Yes 🔲 No Waste On-Site Greate	er Than 1,000 kg. 🔲 Yes 🔼 No. 🔪
Universal Waste: Large	Quantity Handler? Small Quantity Handler	?⊠
Universal Waste Types	- satt.	
1. Waste Handling Me	ethod:	
On-Site in a tr	eatment, storage or disposal facility permitted und	er Chapter 270.
_	eatment, storage or disposal facility permitted und	
status under C		· · · · · · · · · · · · · · · · · · ·
On-Site treatm	ent & off-site treatment, storage or disposal in cor	npliance with 261.5(f)(g) or (j).
Off-Site in a po	ermitted municipal or industrial facility in another s	tate.
Off-Site to a fa	cility which beneficially uses or reuses, or legitima	tely recycles or reclaims its waste
Off-Site to a fa	cility that treats waste prior to beneficial use or reu	ise, or legitimately recycles or
	_] yes 🗵 no
2. Hazardous Waste T		yes 25,10
	orter Name <u>Stety Flen</u>	
Licens	e Number	
I. Types of hazardous	waste generated and destination facility (loca	tion & type).
Waste Code	Waste Description	Destination Facility
774310 0040		
i	4	

nazardous waste inspection Report Land Disposal Restriction Supplemental Checklist

			1-1	No Vigiation Observed 2-Not Applicable 3-Not Determined 4	4-Non-Compliance
_		atus		REQUIREMENT	Ctation 40 Cf
	2	3	3 4	<u></u>	Part 2
	<u> </u>	_		Generators	
	1	-		Notification sent with shipments of wastes that do not meet treatment standards.	7(a)(
	V			Notification and certification sent with shipments of wastes meeting treatment stand	dards. 7(a)(2
T	<i>\(\lambda \)</i>			Dilution not used as a substitute for treatment.	3
7	-			Records maintained of notifications, certifications, waste analysis, and documer supporting use of knowledge for waste classification.	ntation 7(a)(5),
	4			Storage Facilities	
				Facility verifies generators classification of waste in accordence with waste analysis p	plan. 25 Pa C 265.13
T	T			Containers marked to identify contents and accumulation date.	50(a)(
T	T			Notification sent with shipments of wastes that do not meet treatment standards.	7(a) (
				Notification and certification sent with shipments of wastes meeting treatment standard	lards. 7(a)(2
T	T			Facility maintains records of documents produced pursuant to LDR requirements.	7(a) (6
T	1			Treatment Facilities, including PBR and RRR Facilities	
T	\prod		i	Dilution not used as a substitute for treatment.	3
	\prod		İ	Facility tests wastes or treatment residues to determine compliance with application treatment standards in accordance with waste analysis plan.	cable 7(b)
1	\prod		;	Certification and/or notification sent with shipments of waste.	7(b)(4), (t (b)(6
I		1	:	Land Disposal Facilities	:
iT				Facility tests wastes received to assure compliance with applicable treatment standa	ards. 7(c)(2
T	1			Facility land disposes of restricted waste only if it meets applicable treatment standard	d. 40
ांत्र	$/ \top$	$\overline{}$	1	Facility retains copies of generator notifications and certifications.	7(c)(1

3

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of Inspection 19 May 95	Identification Number PAD 98739806
Company/Facility/Site Name Electri - Cond	d Mr6 Co. Inc.
On the 19th of May 1998, Ic	inspected. the above name?
facility. The Lacility general	tes mo parandono avaste.
They did have her ordinants	But they replaced the
old parts washers with	Sofety Kleen's mon-hour
parts cleaners Safety Kle	en replaces this mon-has
englient every 2-4 wheeks	depending on oproduction.
The Company will be a mote	ling as a Cet. of que
them a copy of the sego.	
the trade of the second trade to the second trade trade to the second trade trad	
	
	·
	
	· · · · · · · · · · · · · · · · · · ·
	
·	
	
·	
This inspection report is notice of the findings of an inspection corformal notification of any violations observed during the inspection. A	
ither violations noted herein, or other violations identified as a result of ri	eview of laboratory analyses or Department records.
This report does not constitute an order or other appealable act leemed to grant or imply immunity from legal action for any violation not	
Signature by the person interviewed does not necessarily implicknowledge that the person was shown the report or that a copy was left	y concurrence with the findings on this report, but doe
Continuedge that the person was shown the report of that a capy was ere	·
Person interviewed (signature)	Date 19 MAY 95
nspector (signature)	Date 19 May 98
	Date 19 May 98 Date 19 May 98



ACKNOWLEDGEMENT OF NOTIFICATION OF REGULATED WASTE ACTIVITY

(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Biennial Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

PAD987398062

07/27/98

L

ELECTRIC CORD MFG CO 312 E MAIN ST WESTFIELD , PA 16950 RUSSELL HASTINGS DIR OF OPR

INSTALLATION ADDRESS

312 E MAIN ST

WESTFIELD , PA: 16950

EPA Form 8700-12A (1/98)

mazardous waste inspection Report Land Disposal Restriction Supplemental Checklist

	Status REQUIREMENT									
1	2	2 3 4 REQUIREMENT								
				Generators						
•	X			Notification sent with shipments of wastes that do not meet treatment standards.	***	7(a)(1)				
	X			Notification and certification sent with shipments of wastes meeting treatment stand	ards.	7(a)(2)				
	X			Dilution not used as a substitute for treatment.		3				
	Х			Records maintained of notifications, certifications, waste analysis, and documen supporting use of knowledge for waste classification.	itation	7(a)(5), (a)(
				Storage Facilities						
1				Facility verifies generators classification of waste in accordence with waste analysis p	lan.	25 Pa Code 265.13(c)				
T				Containers marked to identify contents and accumulation date.		50(a)(2)				
T	1	\top	1	Notification sent with shipments of wastes that do not meet treatment standards.		7(a)(1)				
T			1	otification and certification sent with shipments of wastes meeting treatment standa	rds.	7(a)(2)				
T	1	T	F	acility maintains records of documents produced pursuant to LDR requirements.		7(a)(6)				
T	T	T	7	reatment Facilities, including PBR and RRR Facilities	-					
T	\neg		C	ilution not used as a substitute for treatment.		3				
			F	acility tests wastes or treatment residues to determine compliance with applica eatment standards in accordance with waste analysis plan.	able	7(b)				
			C	ertification and/or notification sent with shipments of waste.	7	(b)(4), (b)(5), (b)(6)				
	T	T	لما	and Disposal Facilities						
	T	Γ	Fa	cility tests wastes received to assure compliance with applicable treatment standard	Js.	7(c)(2)				
	T		Fa	cility land disposes of restricted waste only if it meets applicable treatment standard.		40				
	1		Fa	cility retains copies of generator notifications and certifications.		7(c)(1)				

BUREAU OF WASTE MANAGEMENT

INSPECTION REPORT - HAZARDOUS WASTE SMALL QUANTITY GENERATOR

Sit	e I.C)	1719	D987398069	Telephone # 814-3	67-2265	
Site	e Na	me	EL	ectri- Corp MEG. Co. Anc.	Operator Name Sc	me	
Ad	dres	s _3	313	East Main St.	Address Sam	·e	
P	٥	Be	×	188 Westfield, PA 16950			
Mu	nici	palit	ty \	Nestfield	County Truga		
		-		icial Russ Hastings	Title Operations P		
	-			wed Jack Eick	Title Technical m		
				Brennan	Time 1230 - 1400		Shes
		Dat		Inspection D つつつ Inspection Type 12-7-95 Poのルンプ		pector ID	€ Vi∩latio
			se nu	vastes transported off-site by this generator? imber(s) and expiration dates of transporter(s) No Violation Observed 2-Not-Applicable):	on-Compliance	-
	STA	TU:				CHAPTER	LINE
1	2	3	4	REQUIREMENT		CITATION	NUMBE
X				Amount of wastes generated per month is wi generator limits. Average waste generated n	• •	261.5(a)	H491
				Amount of waste accumulated is within smal	quantity generator limits	261.5(d)	H492
XX				Hazardous waste determination (262.11)		261.5(g)(1)	H493
X				Records of quantities, descriptions and dispos for five years and furnished to the Departmen		262.11(d)	H494
X				Storage within time limit specified (261.5(d))		261.5(g)(2)	H495
X				Manifest system used for off-site transport		262.20(a)	H496
61.	5 In	dica 	a.	elow the method of handling of the waste: Treatment or disposal at permitted on-site for the permit Number	Tr	eatment	
	<u> </u>	_	b.	Delivered to a PA haz, waste facility Name	offacility: <u>ScFets,Kl</u>	een, Ather	PA
			c.	Delivered to a PA municipal or residual facili	ty with Form S approval. No	ame of facility.	
	_		d.	Delivered to an approved out-of-state facilit	y. Name of facility.		
			e.	Delivered to a reclamation, reuse, or recycle	facility. Name of facility: _		
							<u></u>

INSPECTION REPORT COMMENTS

Date of Inspection December 7, 1995 Identificat	tion Number <u>PRD987398062</u>
Company/Facility/Site Name Electri-Coer MFG. Co	. Qnc.
a Follow-up inspection was conducted	
above referenced facility. The violation	observed during the
previous inspection has been abated. The	
that the waste oil from the production	
hazardous. The determination was bases	
+ provided by Safety-Kleen. The facili	
that the waste oil is transported to a	
4/or disposal Facility, SEE \$ 299.215	
The waste oil should be included in t	the generators Residual
Waste Biennial Report.	
Insulated copper wire is collected b	y Staiman Brothers,
located in Williamsport, PA. It is rec	
facility inquire on how the plantic is re	emoved from the
wire of how thes process is managed. I	nsulcted wise may
be considered a waste. For questions	regarding the
management of residual waste (corrado	ct waste, it is
requested that you contact Ricallia, Re	sidual Waste Courdinate
For the Department (327-3568).	
	·
This inspection report is notice of the findings of an inspection conducted by a re formal notification of any violations observed during the inspection. Additional notif	
either violations noted herein, or other violations identified as a result of review of labora	
This report does not constitute an order or other appealable action of the De deemed to grant or imply immunity from legal action for any violation noted herein.	partment. Nothing contained herein shall l
Signature by the person interviewed does not necessarily imply concurrence	with the findings on this report, but do
acknowledge that the person was shown the report or that a copy was left with the person	
Person interviewed (signature)	Date 12/7/85
nspector (signature) Pat Brennan	Date 12-7-95

L	i. installation's EPA	A ID Nu	nber	(Mark	"X" lı	n the	appre	priz	te b	ox)		3 ,													923
	A. First Notif	leation	X			equer lete iti			tion			P	Α	D	τ	8	T	8°€ E	9	1	1	6	þ		
	II. Hame of Installa	ilon (inc	qude	сотр	any i	and s	pecif	ic sit	е па	mej				•	•										
	ELECTR		c) H	D	N I	G		c											The same			F. 12	and the	*
	III. Location of Inst	giration	(Phy	SICRI S	laore	33 N	N P.C	. 80	z or	ROL	ie ia	ump	27)	***		e ·		•		8 9	, i j	A PERM	and a		3.
1	3 1 2 E	A S	Ť	T	M Z	T	N		g	T	R	E	E	т	7			•	6		· ·	Τ.	T	T	4
	Street (continued)														_	_				_		Oig I	\mathcal{Y}	199	18
												Ц			!					1			\perp		4
	City or Town	·			•		-	g					Stat	e	ZIP	Co	ie		V	VA	51		MG	447	
	WESTE	IE	LD			1.			٠.				P	A	1	6	9.	5	0	-	<u></u>		\perp	1 /	
	County Code Count	y Name				•	,			* **											.,		_		
	11771	O G	A			•				٠.															
	IV. Installation Mai	ling Add	iress	(See	Instr	uctio	15)	ŧ						, .			" , " v		74.5		A. S.				秦
	Street or P.O. Box			•																			•		
	PO BO	x	1	6	7	_			Ŀ											F	Ţ		1.		
	City or Town		•		••.					·		-	Sta	e	ZJP	, Co	de				-				
	WESTF	IE	L	ם	-		T		Γ		Π		P	A	1	6.	9	5	0	-	T	1			
	V. installation Con	iact (Pe	15011	to be	cont	acted	rega	rdin	g wa	35LE	acti	rities	át s	ite)					*****						
	Name (last)		:							(11)	rst)										:				
Λ	Name (last)	N. C	SS		7	T	T	Π	T	(III	rst)	R	lu:	6 ,	S	E	 	Ī.	1		: T	· ·		T	-
Δ	A C T	N. C	SS			I			I	i.E	rst)	R e Nu	u:	S*	S	E ode	I and i	L)er)		I		I	I	
Δ	HASTI	N C	S S	R	А П	T, [,	0	 		i.E	rst)	R	u:	S*	5	E ode	and i	numb)er)	I T	I	1	I	I	
Δ	Job Title D. J. R. O. F. VI. Installation Co		E	R See	A T	Tructle	i (O	2		i.E	rst)	R	u:	S*	5	e de	and i	L numb	er)		5				
Δ	Jeb Title D. J. R. O. F. VI. Installation Co		E	R s (See	A Te Inst	(ructi	i (O	N.		i.E	rst)	R	u:	S*	5	ode	and i	L 2	2		5				
Δ	Jeb Title D. J. R. O.F. VI. Installation Co. A. Contact Address Location Mailing		E ddres	r P.O.	A Te Inst			N N		i.E	rst)	R	u:	S*	6	ode	and i	numb	2						
	Jeb Title D. J. R. O. F. VI. Installation Co	o P	E ddres	r P.O.	Box	ruction M		N T	N	i.E	rst) hon-	R	mbe	r (ard	6	17		l 2	2						
r	Jeb Title D. I. R. O. F. VI. Installation Co A. Contact Address Location Mailing EX. City or Yown	o P ntaet A	E ddres	r P.O.	Box			I I	N	i.E	rst) hon-	R	mbe	r (ard	21	P C	de	1	2						
r	Job Title D. J. R. O. F. VI. Installation Co A. Contact Address Location Mailing XX City or Yown	O Pontact Arian 3 1	E det o	P.O.	Bex E		A		N	i.E	rst) hon-	R	mbe	r (ard	21	17	de	2	2						
r	Jab Title D. I. R. O. F. VI. Installation Co. A. Contact Address Location Mailing EX. City or Yown W. E. S. I. F.	o P ntact A H. Sir 3 1	E det o	r P.O.	E	IM · · ·	A	I I	N	i.E	rst) hon-	R	mbe	r (ard	21	P C	de	1	2						
r	Jab Title D. I. R. O. F. VI. Installation Co. A. Contact Address Location Mailing XX City or Yown W. E. S. F. F. VII. Ownership (S.	o P ntact A H. Sir 3 1	E det o	ns)	Box E	IM · · ·	A		N	i.E	rst) hon-	R	mbe	r (ard	21	P C	de	1	2						the .
Ä.	Jeb Title D. J. R. O. F. VI. Installation Co A. Contact Address Location Mailing XX City or Yown W. E. S. P. F. VII. Ownership (S. A. Name of Insta	ntaet Addition's	E ddres eet o	ns)	E E	IM.	A		N	i.E	rst) hon-	R	mbe	r (ard	21	P C	ode	1	2						
Ä.	Job Title D. J. R. O. F. VI. Installation Co A. Contact Address Location Mailing XX City or Yown W. E. S. T. F. VII. Ownership (S. A. Name of Installation M. J. T. C. H.	ntaet Addition's	E ddres eet o	ns)	Box E	IM.	A		N	i.E	rst) hon-	R e Nu	mbe - Sta	r (ard	21	77 P C	ode	1	2						
Ä.	Jeb Title D. I. R. O. F. VI. Installation Co A. Contact Address Location Mailing XX City or Town W. E. S. T. F. VII. Ownership (S. A. Name of Insta M. I. T. C. H. Street, P.O. Box	ntaet Addition is a see instruction in a see instruction is a see instruction in a see in a s	E ddres eet o	ns)	E E	IM.	A		N	i.E	rst) hon-	R	mbe - Sta	r (ard	21	F C	ode	5 0	2						
Ä.	Jeb Title D. J. R. O. F. VI. Installation Co A. Contact Address Location Mailing XX City or Yown W. E. S. F. F. VII. Ownership (S. A. Name of Installation M. J. T. C. H. Street, P.O. Box 3 1: 2 F. City or Town	I E isee instruction's	E ddres eet o	ns)	Box E	IM.	A			i.E	rst) hon-	R e Nu	Sta	r (ard	21	P C	g	5 0							
	Job Title D. J. R. O. F. VI. Installation Co A. Contact Address Location Mailing XX City or Town W.E. S. T. F. VII. Ownership (S. A. Name of Installation M. J. T. C. H. Street, P.O. Box 3 1 2 F. City or Town W.E. S. T. J.	I E see instruction's	E L	ns) M	Bex E	IM.				F	Phon-8 1	R Nu	ste F	r (are	ZI	P C	ode	5 0 9			- I Date	Chi	ange	- d)	
Ä.	Job Title D. J. R. O. F. VI. Installation Co A. Contact Address Location Mailing XX City or Yown W. E. S. T. F. VII. Ownership (S A. Name of Insta M. J. T. C. H. Street, P.O. Box 3 1: 2 F. City or Town W. E. S. T. F. Phone Number	I E lee Instruction's	E L	ns) M	Bex E	IM.				F	Phon-8 1	R Nu	ste F	r (are	ZI I	P C	ode g	5 0 9		Mon:	Date of the state	Charles 3	ange av O	d) Ye	1

United States Environmental Protection Agency

A. Hazardous Waste Activity	B. Used Oil Fuel Activities
1. Generator (See Instructions) a. Greater than 1000kg/mg (2,200 lbs.) b. 100 to 1000 kg/mg (220 - 2,200 lbs.) c. Less than 100 kg/mg (220 lbs.) 2. Transporter (Indicate Mode in boxes 1-5 below) a. For own waste only b. For commercial purposes Mode of Transportation 1. Air 2. Rail 3. Treater, Storer, Disposer (at Instatlation) Note: A permit is required for this activity; see instructions. 4. Hazardous Waste Fuel a. Generator Marketers c. Burner - indicate device(s) - Type of Combustion Dovice 1. Utility Boiler 2. Industrial Boiler 3. Industrial Furnace	Constraint Marketing to Burner D. Other Marketer C. Burner - Indicate device(s) - Type of Combustion Device 1. Utility Boiler 2. Industrial Boiler 3. Industrial Furnace 2. Specification Used Oil Fuel Market
3. Highway 5. Underground Injection Control 5. Other - specify	(or On-site Burner) Who First Clair the Oil Meets the Specification
X. Description of Regulated Wastes (Use additional sheets if necessary)	
A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the	characteristics of nonlisted hazardous
Waster your installation handles. (See 40 CFR Parts 251.20 - 261.24)	
1. Ignitable 2. Corrosive 3. Reactive 4. EP Toxic (D001) (D002) (D003) (D000) (Ust specific EPA hazardous waste	number(s) for the EP Toxic contaminant(s))
B. Usted Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list mor	e tran 12 waste codes.)
7 8 9 10	5 6 11 12 12
C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)	5 6
C Certification	
I certify under penalty of law that I have personally examined and am familiar value and all attached documents, and that based on my inquiry of those individualing the information, I believe that the submitted information is true, a that there are significant penalties for submitting talse information, inclimprisonment. Name and Official Title (type or print)	riduals immediately responsible f accurate, and complete. I am awa
Name and Official Title (type or print) DIRECTOR OF OPENERS 1	
XI. Comments	
changed gen status from EE SQG-to CE	G.
Changed gen status from EE SQG-to CE BAH/MS 7/17/98 /IEL	G

EPA Form 8700-12 (01-90) Previous edition is obsoicle.

Hazardous Waste Inspection Report Land Disposal Restriction Supplemental Checklist

_	v		1·N	o Violation Observed 2-Not Applicable 3-Not Determined 4-Non-	Compliance
	Sta	itus		05041054547	Chation
1	2	3	4	REQUIREMENT	40 CFR Part 268
				Generators	
	X			Notification sent with shipments of wastes that do not meet treatment standards.	7(a)(1)
	X			Notification and certification sent with shipments of wastes meeting treatment standards.	7(a)(2)
	X	•		Dilution not used as a substitute for treatment.	3
1	X			Records maintained of notifications, certifications, waste analysis, and documentation supporting use of knowledge for waste classification.	7(a)(5). (a)(
				Storage Facilities	
				Facility verifies generators classification of waste in accordence with waste analysis plan.	25 Pa Code 265.13(c)
				Containers marked to identify contents and accumulation date.	50(a)(2)
		Ī		Notification sent with shipments of wastes that do not meet treatment standards.	7(a)(1)
1				Notification and certification sent with shipments of wastes meeting treatment standards.	7(a)(2)
		1		Facility maintains records of documents produced pursuant to LDR requirements.	7(a)(6)
1				Treatment Facilities, Including PBR and RRR Facilities	
1	\exists			Dilution not used as a substitute for treatment.	3
				Facility tests wastes or treatment residues to determine compliance with applicable treatment standards in accordance with waste analysis plan.	7(b)
				Certification and/or notification sent with shipments of waste.	7(b)(4), (b)(5) (b)(6)
!		1	ı	and Disposal Facilities	
İ		1	F	Facility tests wastes received to assure compliance with applicable treatment standards.	7(c)(2)
			F	acility land disposes of restricted waste only if it meets applicable treatment standard.	40
	1	1	F	actity retains cooles of generator notifications and certifications.	7(c)(1)

DEPARTMENT OF ENVIRONMENTAL RESOURCES BUREAU OF WASTE MANAGEMENT

INSPECTION REPORT - HAZARDOUS WASTE - SMALL QUANTITY GENERATOR

Site	I.D	. 上	ורוי	7987398062 Telephone # 814-36	7-2314	
Site	Ņa	me .	<u> </u>	ECTTIE CORD MFG CO. Onc. Operator Name SAY	mc_	
Add	ires	s3	<u>512</u>	EAST Main St. Address SAMe		
P	0	. B	0 X	188 Westfield, PA 16950		
				Westfield County Tioqu		
			_	icial Puss Hastings Title Operations Ma	mager	
				ved Jack Eick Title Technical Mic		
		_	_	Brennan 717.327-3727 Time 1015-		
		Date				Violation
			e nu	vastes transported off-site by this generator? Yes No imber(s) and expiration dates of transporter(s): Yes No Violation Observed 2-Not-Applicable 3-Not-Determined 4-Non	n-Compliance	
1	STA	TUS	4	REQUIREMENT	CHAPTER	LINE NUMBER
X				Amount of wastes generated per month is within small quantity generator limits. Average waste generated monthly<1000 kg.	261.5(a)	H491
		X		Amount of waste accumulated is within small quantity generator limits	261.5(d)	H492
			X	Hazardous waste determination (262.11)	261.5(g)(1)	H493
X				Records of quantities, descriptions and dispositions of all wastes retained for five years and furnished to the Department upon request	262.11(d)	H494
X				Storage within time limit specified (261.5(d))	261.5(g)(2)	H495
X				Manifest system used for off-site transport	262.20(a)	H496
261.	5 In 	dica	a.		eatment	
	_	_	b. c.	Delivered to a PA haz. waste facility Name of facility: Safety- Klo Delivered to a PA municipal or residual facility with Form S approval. Name of facility with Form S approval.		
		 .	d.	Delivered to an approved out-of-state facility. Name of facility.		·
	_		e.	Bull and a substitution of the State of the		

DEPARTMENT OF ENVIRONMENTAL RESOURCES BUREAU OF WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of Inspection November 3,1995.	Identification Number PAD 987398062
Company/Facility/Site Name Electri-Corn	MFG. Co.
	a routine inspection at the above
	was present during the inspection.
	wer corps for computers of power
tools. The cords Are cut to :	specific lengths, PVC is utilized
	LORDS. The EPA Notification list
dioplays that the facility in a	small quentity generator of
hagardous waste. Waste Petrole	um Naptha (DU39) 15 reclaimed
by Safety-Kleen PAD9872666	13). A copy of the reclamation
agreement was much aixilable	de .
	oil were located south of the facility
The waste oil is generated from	the molding machines. It is collected
by Truga Petroleum (o., located in	Mansfield, PA. Mr. Eick was
	annach by Troga Petroleum. Qt was
recommended that they stop <	ending the waste oil to Troops
Petroleum, until Further Notice,	
indicated that the facility was	Id make the appropriate
arrangements, with Safety-Kleen	
A hazardous waste determination	should be made on the weste oil.
The determinations should incl	de Total halogens, see
definitions found in PA hagare	new to the weste determination. It.
MSDS may be beneficial in rea	MEDS to the weste eletermination. It.
in requested that the wester deter	mination 15 minde available to
the Department.	
FAX Number: 717-327-3420	
	, 208 W. 3rd St. Sute 101, W.S.I.cm
ormal notification of any violations observed during the inspectither violations noted herein, or other violations identified as a re-	tion conducted by a representative of the Department. This report is tion. Additional notification of violations may be issued concerning sult of review of laboratory analyses or Department records. able action of the Department. Nothing contained herein shall be
eemed to grant or imply immunity from legal action for any violat	tion noted herein.
knowledge that the person was shown the report or that a copy of	1
erson interviewed (signature) (sish Ces	Date 1003, 1995
spector (signature) Ret Brunnan	Date Nov. 3, 1995
•	Page of



ACKNOWLEDGEMENT OF NOTIFICATION OF REGULATED WASTE ACTIVITY

(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

PAD987398062

ELECTRIC CORD : MFG CO:

PO BOX 167

WESTFIELD PA: 16950

-MELVIN HILFIGER SAFETY DIRECTOR

INSTALLATION ADDRESS

312 EAST MAIN ST

WESTFIELD , PA 16950

EPA Form 8700-12B (6-90)

ENVIRONMENTAL PROTECTION ACCURACY REGION U negulateu waste information requested here is required by law (Section 3010 of the Resource Conservation **Activity** and Recovery Act). United States Environmental Protection Agency I. Installation's EPA ID Number (Mark 'X' In the appropriate box) C. Installation's ERA ID Number B. Subsequent Notification A. First Notification kх (complete item C) II. Name of Installation (include company and specific site name) III. Location of Installation (Physical address not P.O. Box or Route Number) Street S Street (continued) State City or Town ZIP Code E S P \mathbf{E} Α 6 9 0 County Code **County Name** TI G IV. Installation Mailing Address (See Instructions) Street or P.O. Box вю P O State City or Town ZIP Code F V. Installation Contact (Person to be contacted regarding waste activities at site) Name (last) (first) HILL Ι \mathbf{E} L V N Ε Ι Job Title Phone Number (area code and number) VI. Installation Contact Address (See Instructions) A. Contact Address B. Street or P.O. Box Mailing Location 1 ХX City or Town State ZIP Code P 5 0 Α VII. Ownership (See instructions) A. Name of Installation's Legal Owner Street, P.O. Box, or Route Number Ε T City or Town State **ZIP Code** NE R

C. Owner Type

B. Land Type

D. Change of Owner

Yes

Indicator No

A Form 8700-12 (01-90) Previous edition is obsolete.

Phone Number (area code and number)

1

Continue on reverse

(Date Changed) Month Day Year

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)		
A. Hazardous	Waste Activity	B. Used Oil Fuel Activities
1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (220 - 2,200 lbs.) c. Less than 100 kg/mo (220 lbs.) 2. Transporter (Indicate Mode in boxes 1-5 a. For own waste only b. For commercial purposes Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water 5. Other - specify	4. Hazardous Waste Fuel a. Generator Marketing to Burner b. Other Marketers c. Burner - Indicate device(s) - Type of Combustion Device 1. Utility Boiler 2. Industrial Boiler 3. Industrial Furnace 5. Underground Injection Control	1. Off-Specification Used Oil Fuel a. Generator Marketing to Burner b. Other Markerer c. Burner - Indicate device(s) - Type of Combustion Device 1. Utility Boiler 2. Industrial Boiler 3. Industrial Furnace 2. Specification Used Oil Fuel Market (or On-site Burner) Who First Clarthe Oil Meets the Specification
IX. Description of Regulated Wastes (Use additional sheets if necessary) A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous		
wastes your installation handles. (See 40 of 1. Ignitable 2. Corrosive 3. Reactive (D001) (D002) (D003)	CFR Parts 261,20 - 261,24) 4. EP Toxic	number(s) for the EP Toxic contaminant(s)
7 6 8	9 10	11 12
C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)		
1 2	3 4	5 6
X. Certification		
i certify under penalty of law that I have personally examined and am familiar with the information submitted in the and all attached documents, and that based on my inquiry of those individuals immediately responsible to obtaining the information, I believe that the submitted information is true, accurate, and complete. I am await that there are significant penalties for submitting false information, including the possibility of fines an imprisonment.		
Signature M. J. L. J.	Name and Official Title (type or print)	Date Signed
Melver L. Millington	SAFETY PIRECTOR	5-24-93
XI. Comments		
RR.6.21.93		
ş		· · · · · · · · · · · · · · · · · · ·
Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)		
EPA Form 8700-12 (01-90) Previous edition is obsolete.		